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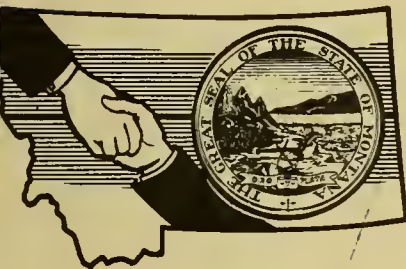
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**COMPREHENSIVE
HEALTH PLANNING****NEWS**

VOLUME ONE, NUMBER FIVE

C.E. v. 4

DECEMBER, 1972

Nation's Health Planners Compare Notes

Several hundred of the nation's health planners and an equal number of their consumer colleagues gathered in San Diego the first week of December to compare notes on the problems and achievements of the country's comprehensive health planning program.

It was the second annual meeting of the American Association for Comprehensive Health Planning, which includes representation from state planning agencies, areawide organizations, educational institutions and consumers.

The conference was organized to provide the opportunity for participants to attend numerous educational seminars, as well as general sessions featuring speakers from national health organizations.

Charles Hoffman, M.D., president of the American Medical Association, provided the opening address. It was Dr. Hoffman's opinion that physicians resented the use of the word 'comprehensive' and preferred to use the word 'realistic' planning to describe planning for the health of citizens at the local level.

Dr. Hoffman stressed the need for 'local initiative in the hands of professionals' and also suggested that planners consider promoting an insurance program which covered catastrophic conditions.

Dr. Hoffman concluded his remarks by stating 'change is slow and that's what makes the democratic process a good form of government.'

As Dr. Hoffman discussed the AMA's attitude toward health planning and Earl Brian, M.D., provided welcoming remarks and a brief overview of California's CHP program, Michael Ingeman -- a CHP staff member at the San Francisco 'b' agency -- conducted a workshop on the legal review process CHP agencies now find themselves involved in.

It was Ingeman's contention that before an areawide health planning agency can take on the responsibility of facilities review and comment it should have the necessary strength at the county level. Ingeman explained that in his areawide agency, each of the counties has a council which is an incorporated, non-profit organization and that the areawide board signs a contract with the various county organizations.

Ingeman also discussed California's problem arising from the variety and degree of sophistication found in areawide health planning groups. Ingeman said that applications for funding different areas of the state might not get the same treatment because of the differing procedures used by the areawide agencies. He also explained that this problem was being attacked by the state 'a' agency.

Ingeman concluded his discussion by emphasizing the importance of allowing sufficient time to conduct a responsible review of an application.

The next seminar session dealt with the problems of organizing grass root support for CHP. Mrs. Barbara Wesson, a consumer from Gary, Indiana led the discussion.

It was Mrs. Wesson's contention that CHP should not bother organizing those who can afford to buy services. She said that the need was in organizing people with problems they could not deal with, stressing the need to deal with critical problems before planning problems. Mrs. Wesson felt planners must obtain the trust of consumers and reminded planners that consumers put politicians in office and that politicians provide CHP with its financial resources.

Atkins Makes Comeback



Charles H. Atkins is back behind a desk at CHP as a Public Health Field Representative. Atkins worked with the CHP staff previously -- from September of 1971 till March of 1972.

Atkins was born in Anaconda, attended Carroll College where he received a degree in biology, and has served in Korea with the Peace Corps for a short time.

Charlie said he devotes his leisure time to 'pursue his passions -- poetry, painting, parties and pugilism.' He adds, 'In view of a recent loss to Regional Golden Glove Champion Allan Young of Salt Lake City, pursuit of the former three passions will take priority.'

** Editor's Note: Note slightly discolored eyes, rewards of pugilistic endeavors.*

Continued

Discuss Planning

Continued

The following day's session began with a panel discussion of the problems and potentials found in regulations as one of the new functions of CHP agencies.

Harold Herman, Ph.D., former national director of CHP, advocated the need for a regulatory role for CHP agencies, but warned that once CHP gets into the regulatory business, it may lose some of its ability to innovate.

Herman said that regulatory activity in the CHP field could threaten developmental work, force agencies into rigidity of plans and decrease the capacity for consumer advocate activity.

He also expressed concern about the direction of existing 'b' agency activity and predicted a movement toward Councils of Government.

Paul Elwood, M.D., discussed what he called the 'tar baby effect' of regulations. Dr. Elwood said that increasing regulatory powers of CHP agencies might have the effect of 'locking the industry in.' "I can see the worst of all worlds; the highly regulated present system," Dr. Elwood stated. Dr. Elwood then attacked the present system as 'wholly incapable of doing the job of caring for all of the country's citizens.'

Dr. Elwood expressed concern over the potential for a national insurance program which only covered catastrophic illness, stating that "a catastrophic health insurance program will drive the medical practice toward treatment of catastrophies on a massive basis."

He advocated giving those with a health problem the money to select their own care and suggested use of tax mechanism to support the program.

Dr. Elwood said that he felt planning and regulation were incompatible. He also urged planners to assist in restructuring health care systems so they were capable of working, and to allow unnecessary hospitals to fail.

Ellen Fiffer, M.D. and Cy Roseman, Ph.D., discussed whether or not CHP was representative the following day. Dr. Fiffer, head of Minnesota's state agency, felt the system was representative, while Dr. Roseman felt a program couldn't be representative, but that a decision-making body could. Roseman also expressed the idea that health plan-

ners should organize to have an impact on the health care system, rather than to create a plan.

Wednesday afternoon, John Kauffman, Chairman-elect of the American Hospital Association, told planners he felt the ancient emphasis on acute care was dangerous and advocated changing the system from one that cares for the sick to one that keeps people well.

Kauffman said he was not impressed by what has changed in health care, but by what has not changed. "The new frontier will be in meeting the needs of the individual, not in meeting the needs of the institution," he said.

The meeting was concluded the following day by William Ready, president of the association, with a plea to "put the stores where the people are, not where the money is."

Seek District Public Health Departments

The Personal Health Services Committee of the Montana Advisory Council for Comprehensive Health Planning will recommend endorsement by the Council of a legislative effort to determine the feasibility of creating district public health departments and acceptable minimum levels of service to be provided by county and city-county public health departments.

The decision to support a joint resolution seeking such an effort was made after a meeting with the ad hoc committee on public health. Both meetings were held November 10.

In addition to the public health recommendation, the committee, also acted on a request to solicit Council support for:

- * a cost of living adjustment for welfare payments;
- * appropriate funding of the office of State Indian Coordinator;
- * removal of the Welfare Lien Law;
- * non-compulsory public kindergartens;
- * the revision of state housing legislation, including creation of a state housing authority to provide assistance to local governments and developers and the amendment of existing state laws to make it easier for city governments to establish local housing authorities to deal with housing shortages;
- * the employment by the state of an ombudsman.

The request for support came from JUST US, Inc., a non-profit corporation which is governed by representatives of eight statewide low-income and community development groups.

The committee will report its recommendations on these requests when it meets with the entire Advisory Council December 15.

Suggests Attempt to Influence Revenue Sharing Priorities

Gary Blewett, Information and Evaluation Director for the City of Helena, told a November 17th gathering of the Southwest Areawide Health Planning Council in Bozeman, how they might be able to achieve recognition of health as a major priority in expenditure of federal revenue sharing funds afforded cities, counties and the state.

Blewett offered, "What I offer you is only a sharing of thoughts about how this money could be used by governments and how groups like you can influence those governments when it comes time for them to make decisions on how they will use the money."

"Too much is being made of the complexities of the law that created General Revenue Sharing. The fact is there are very few strings attached to this money. Each government to receive these funds can spend them very much in the same way they now spend property taxes."

"Each government will formalize their decisions by holding public hearings. Each government must be able to account for the expenditure of these funds."

"There are two important limitations on the funds — none can be spent for education and none may be used as the matching share to garner additional federal grants."

"Traditionally, the decisions about city and county budgets have been made quietly, without widespread public attention. With all the publicity revenue sharing has brought with it, new attention may be given to priorities for city and county expenditures. Groups such as this one can capitalize on this new interest and draw special attention to a priority on health."

"Familiarize yourselves with the agendas for governments making decisions on revenue sharing funds. Lay out your arguments and costs that favor health programs. Armed with knowledge of timing, a priority plan, and the political field of action, a group has a good chance to influence decisions on revenue sharing."

"Probably the greatest benefit to come by way of revenue sharing will not be so much the new money that is to be made available to communities — rather it could be the new attention that will be given to influencing the priorities that cities and counties make in deciding how to spend any money they have available — be it federal revenue or local property taxes."

SSA Approval Gives CHP More Teeth

by Ted Clack, Health Planner

The recent approval of the Social Security amendments of 1972 (PL92-603) by President Nixon will result in more teeth for Areawide and State CHP agencies' planning activities and will require a firm commitment on the part of these agencies to accept and meet the responsibilities given them by the act.

The Social Security amendments, commonly known as HRI, contain a section - 221 - which is concerned with limitation of federal financial participation in the operating expenses of health facilities which undertake capital expenditures without prior review and analysis by authorized planning bodies. More specifically, funds received under Titles V, XVIII, and XIX (Maternal - Child Health - Crippled Children's Services - Medicare - Medicaid) are not to be 'used to support unnecessary capital expenditures made by or on behalf of health care facilities or health maintenance organizations which are reimbursed under any such Titles and that, to the extent possible, reimbursement under such Titles shall support planning activities with respect to health services and facilities in the various states.

To accomplish the mandate of Section 221, the Secretary of HEW is empowered to create a national advisory council to aid him, to arrange with the Governors of the various states for creation of state advisory councils for planning, and to withhold funds from Titles V, XVIII and XIX which would be used to defray the costs of unapproved capital expenditures in various health service institutions.

The councils required on the state level must be comprised of at least 51% consumers and are to advise a state 'designated planning agency.' The responsibilities of the designated planning agencies are to review plans for capital expenditures by health facilities or organizations within its jurisdiction, to contact other planning agencies involved to determine their input, to establish and maintain review procedures (including a mechanism for appeal on the state level), and to submit 'findings and recommendations' regarding such capital expenditures to the Secretary of HEW. In the event that a state CHP agency is not designated the review body for the Act, Section 221 requires input from state and local CHP organizations and from the state agency responsible for health

facilities planning (in Montana, The Division of Health and Medical Facilities of the Department of Health and Environmental Sciences). According to Robert Janes, Director of the national CHP office, the Senate Finance Committee is in favor of designation of state CHP offices to perform the functions of Section 221.

In order to finance the review of plans for capital expenditures, the Secretary is authorized to pay states 'for the reasonable cost of performing the functions specified . . .' Such payment is to come from the Federal Hospital Insurance Trust Fund.

In addition to providing funds to states for review work, the Act specifies the conditions under which review of capital expenditures plans must be accomplished. The Act demands: at least 60 days prior notice of proposed capital expenditures be given the review agency; that proposed expenditures conform to standards, criteria or plans for health care facilities existing at the state or area level; as mentioned above, input from state and areawide CHP bodies, and the State Hospital Planning Agency; that provision for fair hearing with respect to findings on proposals be guaranteed persons proposing expenditures.

Should the conditions above not be met, or should a proposed capital expenditure be found unacceptable by the state review body, the Secretary is empowered to exclude from reimbursement for services rendered by a provider those amounts which are 'attributable to depreciation, interest on borrowed funds, a return on equity capital or other expenses related to such capital expenditure.' The same constraints apply to 'any facility or part thereof, or equipment for a facility' acquired through the mechanism of a lease.

While authority is given the state to derive 'findings and recommendations' regarding proposed capital expenditures, subject to fair hearings, the Secretary retains the final authority to render decisions. According to the Act, the final decision of the Secretary 'shall not be subject to administrative or judicial review.'

The terms health facility and health service organization are not well defined in Section 221; this lack of definition is surely deliberate and may represent an attempt to resolve some of the difficulties with certificate of need statutes existing in various states. In many states where Certificate of Need statutes exist, there is considerable controversy over the

type of facility or institution to which the statutes apply. Such controversy has served to weaken the function of Certificate of Need and, in some cases, has served as a vehicle to escape the intent of the statute. Under Section 221, the only type of facility specifically excluded from review is 'Christian Science Sanitoriums operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Mass.'

Reference to capital expenditures in the Act is more explicit. Section 221 defines capital expenditures as 'an expenditures which, under generally accepted accounting principles, is not properly chargeable as an expense of operation and maintenance and which (1) exceeds \$100,000, (2) changes the bed capacity of the facility with respect to which such expenditures is made, or (3) substantially changes the services of the facility with respect to which such expenditure is made.' Also, included within the definition are expenses attributable to institutional plans, designs, consultant fees, etc. The latter inclusion will help eliminate the 'fact accompli' approach to review bodies used by some providers in other states. The definition of capital expenditures, as written, should make review of expenditure plans more meaningful, by assuring that sources of health services beyond hospitals and long-term care facilities are subject to plan review.

The Act is to take effect December 31, 1972 at the latest; earlier effective dates are subject to the various states' wishes. A grandfather clause within the Act excludes plans for expenditures which were formally adopted prior to December 18, 1970.

It is probably safe to assume that various provisions of Section 221 will be tested in court in the near future. Nevertheless, until such time as judicial review modifies the Act, considerably greater authority and meaning have been given facilities planning efforts.



Administrator's Column

by Dave Depew, Planning Coordinator for State Affairs

1972 was a year of high expectations for CHP. It ended with numerous successes, some failures and the general feeling, on my part, that we will flounder in our efforts to improve the health care delivery system until health care is recognized as a basic human right.

The many people involved in Montana's CHP program were able to successfully fund four of the state's five areawide health planning groups; we were able to organize a citizen-based strategy for review and comment on health care facilities; we have successfully developed, for advisory council consideration, a joint resolution requesting the Public Health, Welfare and Safety committees of the House and Senate to study the need for minimum levels of public health services and the feasibility of district health departments; we have developed a system designed to assist government and industry in the appropriate selection of industrial sites and have become recognized for offering alternatives to the maldistribution of health manpower; and, we have held education seminars designed to more adequately equip council members with a working knowledge of CHP. In short, CHP was able to successfully complete some of its major objectives.

We failed to initiate development of a state plan for health in Montana, although plans for the development have been completed; we did not deal with the organizational problems awaiting CHP in Montana's eastern 17 county area; and in some instances we were unable to translate study material into health action.

What lies ahead for 1973, I believe, will be the application of what was made possible by successful efforts this past year; another attempt at those efforts which failed; and, the continuation of those activities needed to make this a successful program. However, I believe, that a more judicious use of time and resources will be implemented, and that greater strength will be developed at the local and areawide levels.

Local strength is necessary to fulfill the intent of that Congressional legislation which mandates comment and review on expenditures by health facilities. But, it will only be through a united effort initiated by the State that Montanans will be able to attack the hospital institution's development as an 'acute care center' instead of as the center of a health care delivery system. It will remain up to the state, I believe, to point out the long-term effects of federal intervention; to show, for instance, the relationship between monies spent by the Medicare and Medicaid programs for 'curative medicine' and the orientation of the physician and the hospital to provide this kind of health care instead of the more productive - less visible - 'preventive care.'

To plan for improvements in the present system is ludicrous. For the medical care system to become a health care system new direction is needed; new direction from the federal government, new direction from medical schools, and most importantly a new direction, by mandate, from the people of this country. I believe this mandate can best be accomplished through the recognition of health as a basic human right - a recognition substantiated by Congressionally appropriated resources.

With the development of a national health insurance program being discussed for 1973, one can only hope that the social status of health will also be uplifted.

Profiles in Printing

by Ed Mahn, Health Information Specialist

The County Profiles are now compiled and are in the process of being typed and duplicated. It is hoped the profiles will be available for distribution by the end of December. These should aid local CHP groups by providing basic data on the county, areawide, and state level.

On November 29, Warren Brass, Coordinator for Areawide Affairs, and Ed Mahn, Health Information Specialist, assisted Carl Holding, Acting

Director for Northwestern Areawide Health Planning Council, in meetings with local CHP units in Superior (Mineral County) and Plains (Sanders County). Ed gave presentations on Revenue Sharing according to the latest information available, and discussions were held with both groups concerning health problems and needs. Audrey Peden, Chairwoman of the Mineral County CHP group, appointed committees to further investigate health concerns and resources available to alleviate said problems.

RSVP Director



Mr. Kenneth Baldwin has been chosen Director of the RSVP (Retired Senior Volunteer Program) for Gallatin County. The announcement was made by James Foley, Executive Director of the Southwestern Montana Areawide Health Planning Council.

Mr. Baldwin has been a Field Representative for the State Aging Service Division at Helena for the past ten months. According to Foley funds have been made available and the office is now ready for service. Mr. Baldwin began his duties November 20th.

The RSVP program will place volunteers in cooperating public and private social agencies throughout the county. Senior volunteers may serve in a hospital, nursing home, library and public schools. Others may be placed with the Red Cross, county health and welfare departments and the Museum of the Rockies.

The representatives of the Gallatin County Advisory Committee will assist the Director of this local program in encouraging organizations and agencies to develop a wide variety of volunteer opportunities for citizens 60 years and over. These older citizens are actively encouraged to contribute their time, experience and skills to improve services offered in this county. There are no income, education or experience requirements for these senior volunteers. RSVP is founded upon the premise many retired persons can offer much needed volunteer services not available or afforded in public agencies, non-profit organizations, and private homes throughout the county.

Environmental Site Permit System to be Tested

by Ted Clack, Health Planner

During the November 3rd meeting of the Environmental Health Committee (EHC), members agreed to assume responsibility for field testing the proposed Environmental Site Permit System (ESPS) at various sites throughout the state.

Agreeing that a proposal such as the ESPS may need revision before any serious attempts are made to implement it, several members of the committee agreed to attempt to apply the proposal to several development sites around the state. Such tests will be made to test the operational feasibility of the proposed system and to determine whether historical siting decisions will be compatible with those generated by the ESPS. Members concluded that, given the complexity of the proposed system and the limited resources available to the committee and staff, such tests would be of limited scope.

The plan of attack of the committee members is as follows:

1. Bill Tomlinson, EHC member and student at the University of Montana, will attempt to apply the system to a rail spur siting decision in the coal areas of Eastern Montana. Tomlinson also was involved in preparation of the ESPS, in its present form.

2. David Stuart, a professor of Microbiology at Montana State University, and a researcher involved in the study of the Big Sky Project, will assemble a team of researchers to apply the ESPS to existing data collected on Big Sky. Stuart will ask Chris Field, head of the team that prepared the ESPS, and Bill Tomlinson to conduct a brief seminar in the use of the ESPS, before actively applying the system to Big Sky. Stuart also will attempt to arrange for student research credit to be given for application of the system to several trailer court projects in the Bozeman area.

3. Don Rizzini, Vice-Chairman of the committee and an assistant to the Cascade County Commissioners, will attempt to have the ESPS applied to existing and proposed feedlot sites in Cascade County. Pizzini hopes that some of the County Sanitarians will have time to become involved in the evaluation.

4. Martha Dow, Professor of Microbiology at Northern Montana College,

will apply the ESPS to research data gathered concerning the siting of a recreation development in the Havre area.

5. Barry Nolan, an executive with Humble Oil Co. at Billings, will attempt to arrange a test of the system with respect to Billings' industries. It was suggested that Nolan contact South Central Area-wide Health Planning Council for help.

6. Bill Tomlinson and staff will work to apply the ESPS to the controversial Bitterroot powerline siting decision, involving both proponents and opponents of the powerline in the process.

Staff has contacted the Congressional delegation, who have expressed interest in the proposal and who have interceded in our behalf with the U.S. Environmental Protection Agency (EPA). EPA has since promised assistance in evaluation of the proposal, through Thomas E. Carroll, Assistant Administrator for Planning & Management.

Staff has also distributed the ESPS to various academicians and land-use planners around the nation in hopes that their expressed interest will prompt some evaluative comment.

Need Environmental Observers

by Charles Atkins, Public Health Field Representative

The Montana Comprehensive Health Planning organization (CHP) divides the State of Montana into five areas which are represented by areawide planning agencies. These agencies are sensitive to local needs and have first-hand information regarding local resources and local problems.

The Environmental Health Committee (EHC), of the Montana CHP organization, wishes to sponsor a Citizens' Cadre of Environmental Observers (CCEO) in each of its five areawide sections.

The Citizens' Cadre of Environmental Observers consisting of volunteers from Montana's five areawide, planning sections, would serve the following functions:

(1) CCEO's would monitor local environmental information to the state CHP agency which would then serve as a 'web' integrating local informa-

tion. The coalesced information would then be dispersed via the local CCEO's and by state-wide publications.

(2) CCEO's would establish a 'floating' library of environmental information and resources. This data would be disseminated among citizens of this state in order to stimulate environmental awareness.

(3) Local CCEO's would gather environmental abuse and problem information and send reports to the Environmental Health Committee of CHP.

These reports would then be evaluated so that appropriate health planning could be initiated.

(4) Local CCEO's would alert citizens to their regional environmental problems. Local CCEO's and involved citizens could then take issue with environmental degraders.

The concept of a CCEO was conceived of and discussed by the EHC in May of 1970. A pilot project testing the CCEO concept was initiated by the EHC with the cooperation of the Gallatin County CHP later in 1970. An evaluation of the pilot project was prepared in May, 1972. By merit of this evaluation, it was decided that the CCEO could greatly assist in solving environmental problems if expanded and incorporated into CHP's five areawide sections.

By implementing five Citizens' Cadre of Environmental Observers, an outlet for citizen participation in environmental matters is provided. In addition to informing citizens and stimulating environmental consciousness, the CCEO's would perform valuable environmental resource and problem research that would assist the EHC in their health planning.

CHP staff are currently preparing grant applications in an attempt to fund the expansion of this worthy project.

Montana Comprehensive Health Planning News is published each month

by
Comprehensive Health Planning Division of Montana State Department of Health and Environmental Sciences, 510 Logan, Helena, Montana 59601.

SEASON'S



GREETINGS

Have a Happy & Healthy New Year!



Charles Atkins
Warren Brass
Ted Clack
Mary Jane Crigler
Dave Depew
Doris Downs
Walter Foster
Bob Johnson
Adele Joyce

Ileen Ketchum
Ed Mahn
Sheri Mann
Dorothy Martin
Andrea Moody
Pat Morgan
Barry Potter
Zack Stevens

To Review ECO-R-D Proposal

by Ted Clack, Health Planner

A staff proposal, the Ecological Research and Development (ECO-R-D) project, after months of gestation, will be submitted to the Environmental Health Committee for review and approval.

The ECO-R-D proposal is based upon a staff conviction that significant progress toward a more harmonious relationship between man and the environment upon which he depends will require positive changes in behavior patterns, both personal and technological. Since behavior patterns are difficult to change, particularly with a negative approach, the staff is further convinced that necessary change will come much more rapidly if it can be seen as advantageous. The ECO-R-D concept is proposed as one route to such change.

The ECO-R-D concept centers around the creation of a research foundation which would serve to provide a connection between persons with what appear to be sound research ideas or sound product proposals and persons, organizations, governmental bodies or corporations with the financial and personnel resources necessary to test and develop those ideas. Such ideas could pertain to the creation of alternative sources of energy, innovative living arrangements, new uses for resources now considered waste, alternative technological processes, etc.

The internal structure, profit status, and operating structure of such a foundation are yet to be decided. Mr. Charles O'Donnell, attorney for the Department of Health and Environmental Sciences, is currently conducting legal research to provide us information. The staff decided that the foundation should be located in Montana, at least initially. CHP perceives its role in this project as solely that of an initiator - once the foundation has been established, or organized, the sole involvement of CHP is seen to be that of a potential source of ideas.

The ECO-R-D concept has been discussed in several localities around the State and has been received favorably, although with some confusion. The confusion apparently arises from the lack of specificity in the proposal. Mr. Tom Larson, Missoula, has begun work to develop such an organization in Missoula and has been able to interest several persons in the concept, despite their confusion. The CHP staff wishes to request suggestions from readers of the newsletter

from readers of the newsletter in hopes that the proposal may become more substantial. While Mr. O'Donnell's legal research will prove invaluable, your suggestions should prove equally so. Please address any comments you may have on ECO-R-D to:

ECO-R-D
Office of CHP
510 Logan
Helena, Montana 59601

and to:

Mr. Thomas E. Larson
431 South 2nd West
Missoula, Montana 59801

South Central Report:

by Jim Toner, Executive Director,
South Central Regional Health Planning Council, Inc.

The South Central Regional Health Planning Council, Inc. (SCRHPC) has been involved in several new and ongoing activities. Besides holding the Annual Meeting in October where new officers were elected, the SCRHPC has:

1. been negotiating with MSRMP for a contract to plan for establishing a Health Training Network (HTN) which is along similar lines of an Area Health Education Center (AHEC)
2. been assisting the subarea CHP unit in Roundup with its application for a National Health Service Corps Public Health Nurse for Musselshell County
3. been working with the Health Affairs Committee of the Billings Chamber of Commerce in attempting to get established a City-County Health Department
4. been contacting people in Treasure, Judith Basin, Fergus and Petroleum Counties to determine which areawide CHP organization they wish to become or remain involved with
5. been working with the Yellowstone Council of Community Services on a funding proposal and on the possibility of that organization becoming the subarea CHP unit in Yellowstone County
6. been attempting to find a replacement for the Secretary of the Council, Hedy Quesenberry (Virginia Mitchell has just been hired as our new secretary)
7. obtained more office space which should provide immediate relief for the Executive Director's impending intense attack of claustrophobia.

North West Report:

by Carl Holding, Acting Executive Director, Northwest Areawide Health Planning Council

For whatever reasons you have become associated with Comprehensive Health Planning, whether your concessions are social or professional, it seems the time has arrived for all of us to be one. An enormous amount of federal monies is arriving at each of our Montana counties for expenditure by mayors and county commissioners. County CHP councils in Region One are meeting to insure that a portion of revenue sharing be spent to improve health care in their communities.

Each county council has assessed their local health needs, and many have formed committees to meet with mayors and commissioners to present proposals on behalf of CHP.

Health care needs are as varied as the counties that comprise Region One. To mention a few, Mineral County is asking the commissioners for a public health nurse, while Sanders County CHP is requesting an ambulance for Sanders County Hospital. Flathead County CHP is attempting to implement a VD program for Kalispell, and the Missoula Health Planning Council is supporting a new building program for the Seeley Lake Health Center.

One very important step that all county councils must do is identify the process by which mayors and commissioners plan to spend their revenue sharing monies. Some counties and cities are forming advisory revenue sharing councils to establish local priorities. County CHP groups in Region One are asking for representation on such advisory groups, and preparing health care proposals to be submitted during the public review of revenue sharing.

Many mayors and commissioners have never been involved with health planning. CHP groups are taking the time to identify their health care needs and establishing priorities for them.

The responsibility for improving health care thru revenue sharing now rests on input from local CHP councils and 7 counties of Region One are accepting the challenge - gladly.

MERRY
CHRISTMAS

Gallatin county CHP Active

by Shirley Smith, Gallatin County Areawide Coordinator

The Gallatin County Comprehensive Health Planning Council held a general meeting December 6th at the Chamber of Commerce meeting room. There were 45 interested persons present. The meeting was opened by Dr. Del Samson, Chairman.

The program for the evening was 'Gallatin County's Alcoholic and Drug Programs.' Speakers were Mr. Wes Davidson, Director of the Gallatin County Health and Drug Council and Mr. Ward Hamlin, Associate Director of the Alcoholism and Drug Association for Southwestern Montana.

Mr. Hamlin stated that his program was originated in Helena by citizens concerned with the alcoholism problem in their area. It has now been federally funded and spread to Region 3, the Mental Health Area. This is a staffing grant only, with \$13,300 being allocated for the Bozeman area. Mr. Hamlin feels alcohol is the number one health problem in our nation. Montana has the highest per capita consumption of alcohol in the United States. This is partially due to the seasonal work and has increased greatly in the past three years.

Some of the ways of identifying a person with an alcoholic problem are: no social event without alcohol; person likes to switch drinks and companions; hides liquor; tries a geographical cure; denies he has a problem; has a definite personality change; extended binges; D.T.'s and convulsions. All this will eventually lead to an early death.

The Information and Referral Center in Bozeman will be staffed by Mrs. Joy Nash the first of the year. The location has not been selected as yet. The center will be known as the Bozeman Problem Drinking Center. A great deal of emphasis is placed on outpatient counseling, group therapy and treatment at these local centers. Mrs. Nash is presently attending a training session in Helena to prepare her for her duties here.

In the past the only treatment centers for alcoholics was at Warm Springs or Galen. The New Horizon Treatment Center in Helena also has a halfway house for those persons feeling the need for more treatment. This program feels the need for extensive follow up care and with a counselor located at Bozeman this will be done right in our locality.

Mr. Wes Davidson, Director of the local Health and Drug Council reported his program was also formed by

concerned citizens. This program has been in operation for almost two years and has worked with persons from the 4th grade to 80 years of age. In July of 1973 the federal funds for this program will run out and therefore the community will be asked to support it.

The Help Center, which is a part of the Gallatin County Health and Drug Council is operated under the directorship of Mr. Pat Estenson and operates on a 24 hour a day basis as a crisis and referral center. The Help Center has a 24 hour a day program of outreach teams, this is composed of two volunteers (1 male and 1 female) who respond to calls of people who cannot or will not come to the Help Center. All outreach teams have received first aid training and carry cards stating they are from the Help Center.

Mr. Davidson explained that his program is more than drug oriented, many problems have been encountered in alcohol and marital areas.

Some of the new services being offered by the council are: Child Abuse Squads, Big Brother-Big Sister Program, Arts and Crafts, the Y.E.S. (Youth Employment Service), and the Volunteer Aide Program. This program also works closely with the counselors and principals in all Gallatin County schools to adopt drug related programs for the students. Recently Mr. Davidson has been working closely with these people to identify the needs for the 1973-74 school year. This particular part of the program has been funded for the coming year.

There are five paid staff members on this program and all the rest is done by volunteers. At the present time there are approximately 48 volunteers who are trained by professionals in the community.

Mr. Rex Campbell of the Montana State University Extension Service presented a short program on establishing the health priorities in Revenue Sharing. The general consensus of those present was that the health needs are as follows: (1) Nutrition for the Elderly; (2) a Mental Health Clinic; (3) financial assistance to the Help Center and Gallatin County Council on Health and Drugs; (4) Environment; (5) Day Care Center; (6) Transportation for the Elderly; (7) full time County Health Doctor; and (8) Reduce property taxes.

Mrs. Marg Drummond reported on plans for a nutrition program for the elderly in the county. This committee is investigating all areas of support

for this program. Many people have voiced interest in a program of this sort.

Following the meeting the Executive Board of the Gallatin County Comprehensive Health Planning Council held a short meeting.

Manpower Report

by Mary Jane Crigler, Health Manpower Planner

As a result of decisions made at a Health Manpower Committee meeting on November 4, the following activities are either now underway or soon to be undertaken:

1. Preparation of a 'Physician Recruitment Manual' for the use of communities as they confront the question of 'How do we find a physician and attract him to our town?'

2. Preparation of a brochure describing nurse practitioners and non-nurse physician's assistants for the information of communities as they begin to think of alternatives to acquiring a physician.

3. Preparation of a packet of materials on Montana in general and the health scene in particular which would be available for distribution by individuals and community groups to health personnel they are trying to recruit.

4. Collection of all studies regarding health manpower in Montana which have been done by CHP, RMP's and other sources within and outside of Montana in order for the Health Manpower Committee to address the following questions:

'What do we know about health manpower needs in Montana?'

'How do we use this information?'

'What problems does the material suggest?'

'What possible solutions are there for these problems?'

5. Completion of the SOS Health Center evaluation for the Committee's consideration at its next meeting.

6. Visits to communities interested in the use of nurse practitioners to see whether this would be feasible for them and the best solution to their health manpower problems.

NEWSLETTER readers are requested to respond -

- (1) if they wish more information on any of the above activities, or -

- (2) if they have special knowledge about or interest in becoming involved in any of the activities.

Contact Mary Jane Crigler, Manpower Health Planner.

Butte to Identify Health Needs



Head, Neck and Oral Cancer Advisory Committee – Left to right: Dr. F.P. Duchesneau, City-County Health Officer; Robert Farren, Health Planner – SWAHPC; Ruby Larsen, Consumer Representative; Sister Mary Jerome Kelly, St. James Community Hospital – Director of Education; Jim Foley, Director of the SWAHPC; Dr. Robert Soderberg, Director of Head, Neck and Oral Cancer Clinic; Ben H. Davis, IRMP; Matt Christie, Silver Bow Cancer Society. (Polaroid photo provided by Robert Farren, Butte)

by Robert Farren, Health Planner,
Southwest Areawide Health Planning
Butte –

Health planning in the Butte area is centering around both community organization and the initiation of health oriented programs. A health planning task force is being formed to work with the local health planner and Human Resources Council in an effort to identify needs, establish priorities and initiate appropriate programs. This task force will also function as the local facilities review committee and work closely with the SWAHPC.

'Action' programs in the developmental stages include a head, neck and oral cancer clinic and a carbon monoxide testing program. Jointly sponsored by the SWAHPC, the Mary Swift Tumor Clinic, the Silver Bow Medical and Dental Societies, the Montana Division of the Mountain States Regional Medical Program, the Montana Medical Education and Research Foundation and the State Department of Health, the cancer clinic will provide a refresher course for doctors and dentists on the latest

cancer screening techniques. Participants will review effective diagnostic and treatment techniques for cancer of the facial skin, lips, tongue, oral mucosa, pharynx, cervical lymph nodes and thyroid as emphasis is placed upon thorough cancer detection procedures as part of the routine patient examination. The clinic will also provide free screening services to approximately 400 individuals from within the community.

The Carbon Monoxide (CO) testing program will test the level of CO in 100 low-income homes as well as in 100 low-income children in an effort to determine if any real danger is present. Pamphlets will be distributed throughout the community to help make people more aware of the dangers of CO. Each year 1,500 Americans die and thousands more are hospitalized for extended periods of time from CO poisoning. About 900 of these deaths occur in the home and could be prevented if ordinary precautions are taken.

Other projects which will be studied by the health planning task force and Human Resources Council include: fluoridation, initiation of health ser-

vices at Montana Tech, development of areawide speech and hearing services, the purchase of hearing aids for senior citizens, the initiation of a health screening service for senior citizens and the refinement of the overall health delivery system. Continuing efforts will be made to allow for widespread participation reducing duplication and enhancing coordination.

Helena Health Council Organized

by Mike Murray, Helena Health Planner

An organizational meeting of the Helena Health Planning Council was held November 20th, with twenty-nine people in attendance.

Jim Foley, Executive Director of the Southwestern Areawide Comprehensive Health Planning Council served as acting chairman. He explained the function and current activities of the Southwest Areawide Council: currently preparing a Health Resource Manual and Community Directory for Helena; cooperating with School District One on a tooth keeper project designed to train all the elementary school teachers to be dental educators; explained a proposed program of continuing education for local doctors and dentists on detection of head, neck and oral cancer with a screening clinic open to the public tentatively scheduled for late January, 1973.

The Council discussed the proposed State drug program that will be located in Helena and requested additional information on this program be presented at their next meeting.

Council members also requested additional information on the mental health grant that was to be funded in this area last July.

Members agreed the purpose of the Council will be: health information exchange; need identification and review on all future health projects for the Helena area. Council members agreed with the need for and their desire to be the clearing house review body for all health funded projects for the Helena area.

The staff of the Southwestern Areawide Comprehensive Health Planning Council was asked to mail to Council members before the next meeting a list of all health grants funded and pending for the Helena area. Also, additional information was asked for concerning Comprehensive Health Planning.

The next meeting is scheduled for January 8, 1973.

Will Seek Auto Recycling Legislation

by Arthur Kussman, Trainer, Solid Waste Section, Environmental Sciences Division

A plan to establish free motor vehicle graveyards for the public and to subsidize the recycling of these vehicles by private enterprise has been prepared and will be introduced as a bill in the 1973 legislature. The bill has been prepared by the Solid Waste Section of the Montana Department of Health and Environmental Sciences, as a result of citizen concern and in consultation with the Committee of the State Chamber of Commerce, the Montana Automobile Wrecking Association, and various county commissioners.

Terry Carmody, Coordinator of the Solid Waste Section, points to two sets of figures to illustrate the need for such a program in Montana:

- State Office of Motor Vehicle Registration figures show 25,000 to 30,000 motor vehicles entering disposal channels each year, many of them being left on city streets and on countryside since sanitary landfills do not accept car bodies and wrecking yards only a selected few.

- A Montana Highway Department survey revealed the number of automobile graveyard and junkyard sites increased from 129 to 401 between 1966 and 1970, with the number of car-covered acres from 466 to 1402.

Carmody says the program, if incorporated by the next legislature, would probably be financed by a \$2 addition to the annual car registration fee. About half of the money would go to counties for the establishment of free graveyards and possible retrieval of some car litter from the countryside. The rest of the funds would be used to help pay for flattening vehicles and transportation to shredder mills for recycling.

The \$2 fee is computed from figures showing the average car lasting seven and one-half years. Compacting and transporting car bodies costs about \$25, with the body being worth about \$10 on the recycling market. No burning of car bodies would be allowed.

Carmody expects recycling values may go up in the future. "Anytime

private enterprise 'We can take over this job,' ", he says, "the state will sure step out of it."

The proposed plan also calls for requiring all auto wrecking yards to obtain licenses, screen and maintain their property in a manner compatible with surrounding areas and to keep records on every vehicle they handle.

Carmody hopes the proposed legislation, which was killed in legislative committees last session, will be passed by the 1973 legislature, as the increasing backlog of junked cars constitute a serious blight on Montana's landscape. "The situation will get worse before it gets better, unless appropriate action is forthcoming," the official pointed out.

Areawide Council Elects New Officers

by Jim Toner, Billings

The South Central Regional Health Planning Council, Inc., held its annual meeting in the Hospitality Room of the Security Federal Savings and Loan Association (Billings) on October 26, 1972. The major items on the agenda were election of officers and Board of Directors members and several reports of major concern for the areawide council.

The following persons were elected as officers of the Council: Miriam Sample, President; Colvin Agnew, M.D., Vice-President; John Manley, Vice-President; Beatrice Kaasch, R.M., Secretary; and Arthur Lamey, Jr., Treasurer.

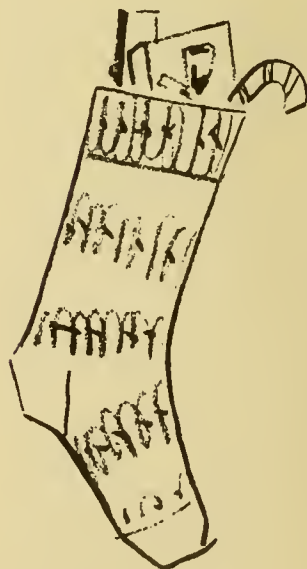
Gary Coltrin, Social Worker at Deaconess Hospital, and Al Littler, Billings C.A.P. Director, were elected as new members of the Board of Directors.

Sidney Pratt, M.C., Director of the Montana Division, Mountain States Regional Medical Program, talked to the group about the Health Training Network agreement that is presently being negotiated between MSRMP and SCRHP. Dr. Pratt briefly discussed the activities that led up to the present program agreement negotiations. There followed an open discussion on the content and wording contained in the proposed agreement. SCRHP is to be responsible only for the planning state of the Health Training Network.

Robert Quam, representing the Emergency Medical Services Unit of the State Department of Health and Environmental Sciences, talked to the group about the State Plan for Emergency Medical Services. The plan is to form local Emergency Medical Services organizations as well as Area-wide Emergency Medical Services Committees. There is already in existence a State Emergency Medical Services Advisory Council. The Emergency Medical Services Committees will be tied in with SCRHP and the local CHP units, but the form this will take is still in the discussion stage. At the present time, it looks as though there will be an Emergency Medical Services Committee or Task Force responsible to the SCRHP board, once the developmental activities have taken place.

Ted Clack, State CHP Health Planner, discussed the feasibility of need legislation and the possible impact the passage of the Social Security Amendments would have on SCRHP Health Facilities planning. Mr. Clack informed the group that the State CHP Advisory Council was awaiting input from the areawides before it took any further action on the feasibility issue of certificate of need legislation.

Jim Toner, SCRHP's new Executive-Director, informed the group of his activities since assuming his new position. The possibility of losing Treasure County and gaining Petroleum, Fergus, and Judith Basin Counties due to the Governor's new districting plan was discussed at some length.



What Now?



Saint Vincent's Hospital, Billings, is looking for a health-related use for Marillac Hall, which has housed the School of Nursing. The School will close in June of 1973, and the building will be available for use at that time.

Marillac was completed in 1947, with remodeling in 1970, 1971, and 1972. This is a four-story building with partial basement. The facility has 68 bedrooms and four large classrooms; in addition, a first floor auditorium seats 250. There is a well-stocked nursing library on the first floor, also.

Ideal uses for the building would include health education, nursing education, patient services, and allied health fields. The committee to evaluate alternative suggestions includes Charles Kaczmarek, Sister Therese Zimmerman, Beatrice Kaasch, Bill Aldrich, Dr. Perry Berg, and Paul O'Hare.

Requests for additional information, or suggestions for utilization should be submitted in writing by January 15 to Charles Kaczmarek, Administrator, Saint Vincent's Hospital, Box 2505, Billings, Montana 59103.

For Monday Morning Quarterbacks

by Ted Clack

One of the big complaints about CHP, and similar programs, seems to be 'But what have you really done?' This naturally becomes annoying, not to mention worrisome. The complaint also affects those volunteers serving on councils and committees. Perhaps the following will help - a bit -

Think of a football team, and the game it plays. The goals, intermediate and long-range, are all set, well defined, and shared by all. The equipment used in the game is standard. The rules are all established (ol-

though subject to revision), and specify the appropriate role of each player. The scene of action is well-marked and of limited size. The various plays are limited in number and many have been in use for years. Everyone is accountable; everyone knows exactly what he is supposed to do. Players get immediate knowledge of results during or after the play, and certainly after the game. Beyond that, the game lasts only a short time.

Did anyone ever figure out how long it takes to play a winning season?

Seminar-Workshop Scheduled for January 22 - 23

by Warren Brass, Areawide Coordinator

You and several other concerned citizens have met to discuss health care in your community. As you look around the table you know that the man on your left is there because he wants to recruit a physician, the woman next to him sees a nursing home as the most needed health service, the woman across the table thinks drug education in the schools should be the group's first project, and the man to your right is interested in working out some way to utilize the three unemployed R.N.'s in the town. Where do you start? How do you set priorities for several pressing problems? How can you most effectively structure a committee to begin working on solutions?

These and related topics will be addressed at a seminar-workshop to be held in Helena on January 22-23. Instructors for the sessions, entitled 'The Program Planning Model in Comprehensive Health Planning,' will include Dr. David Gustafson and Dr. Roberta Wallace from the University of Wisconsin.

Financial assistance to cover meals and lodging is available to a limited number of persons. If you are interested in attending, please contact Warren Brass, Areawide Coordinator, Comprehensive Health Planning, State Department of Health and Environmental Sciences, Helena, Montana 59601.

This is the third in a series of continuing education programs sponsored by the five graduate schools of public health in the West, State CHP, and the Southwestern Areawide Health Planning Council.



Seeley Facility Applies for Revenue Sharing

by Anita Richards, Chairman CHP Manpower Committee

The annual meeting of the Seeley Lake, Ovando, Swan Medicine Center was held in Seeley Lake, November 10th at Rose's Cafe.

Chairman Rev. C. Robert Border conducted the meeting with about 105 corporation members present.

Members of the Board of Directors present were: Marion Haasch, Swan Lake; Margurete Wilhelm, Swan Lake; Anita Richards, Seeley Lake; Nels Newgard, Seeley Lake; Leonard Swanson, Seeley Lake; Ann Murphy, Ovando.

Welcome and introduction made by Chairman Border — introduced Miss Elsie Toavs, State Nursing Consultant and the first nurse of the project. Miss Toavs was here ten months. Nurse Wilma Nicholson, clerk Sandi Doucette, and Anita Richards gave statistics and budget report.

The Development report was given by Chairman Border. He briefly ran down what has been done the past 18 months. Land donated to the center from Thelma Caines, money to operate from CHP and RMP. He stated that we have applied for moneys from Catholic foundation and have applied for Revenue sharing from Missoula County.

Discussion followed concerning future funding through formation of a special hospital district.

Nurse Wilma Nicholson stated how the Rural Nurse was being evaluated throughout seven states. Question was asked; since services rendered could not support the budget, did Nurse Nicholson feel it was a worthwhile project? She replied, 'Yes, it is. We still believe in giving service to humanity.'

The election of directors was by casting a unanimous ballot for presented State officers. They are as follows:

3 year — Anita Richards, Bob Border, Marion Haasch, Ann Murphy —
2 year — Leonard Swanson, Agnes Mantio, Marion Matthew, Francis Davis —

1 year — Roa Johnson, Ruth Rahl, Lotti Schlopp — Alternates June Underwood, Laura Kilbum.

* Ms. Mary Jane Crigler, Health Planner with CHP, and Ms. Mary Munger, Nursing Consultant with the Bureau of Nursing, spent two days in Seeley Lake collecting data to help evaluate

To the Editor:

I read with great interest the article on the S.O.S. Health Center that appeared in the November Montana Comprehensive Health Planning News.

Nebraska Comprehensive Health Planning is currently working on a National Health Service Corps project to provide health care to rural areas in Nebraska experiencing a health manpower shortage. The nurse practitioner program interests us greatly.

Since it is apparent that your efforts in this area have proven successful, we would appreciate any helpful information you could provide us in this area. Some of the information we are most interested in is the following:

1. What legislation if any does Montana have concerning nurse practitioners?
2. What is the distance between Ms. Nicholson and her supervising physician?
3. Is there a telecommunication system between Ms. Nicholson and her supervising physician?
4. Where were the nurse practitioner courses taken?
5. What problems did you encounter with this project and how were they solved?

These are just a few of the areas of interest to us; as I mentioned earlier, any available information would be extremely helpful.

Thank you in advance.
Karen Pickering
Nebraska CHP Agency

* Editor's Note:

Your questions indicate that you have in mind a different model of practice than that which is operating here. The nurse practitioner at the SOS Health Center is employed by a corporation whose members are area residents, rather than her being employed by one or a group of physicians. She relates to many physicians and other health care personnel in Missoula, some 55 miles away, as well as to others in Kalispell, some 90 miles away.

Two distinct advantages of this model are 1) flexibility to respond to community needs as determined by the lay advisory board of the Center and 2) freedom of choice for community residents to select their own physicians and specialists. One of the greatest disadvantages since the fees she charges do not cover the Center's expenses, and subsidization is necessary.

A community's location with regard to available physicians would no doubt be one determinant of which model is chosen. For example, if there is one overworked physician serving a large area, the model whereby a nurse could serve in an outpost capacity might be preferable. However, if the community has traditionally utilized a number of physicians in a distant but accessible town, the model which enables them to continue with their own physician would be preferable.

In regard to legislation, several groups including the Montana Nurses Association have discussed this question, and it is generally agreed that the Montana Nursing Practice Act does not restrict expansion of the nursing role as is being demonstrated at Seeley Lake.

Part of the purpose of this demonstration project was to determine what type of training nurses need to function in this capacity. The State Bureau of Nursing is looking at this now. Ms. Nicholson was a fortunate choice for this position (she was selected by the personnel committee of the lay advisory board) as she had grown up in the kind of experience that has suited her admirably. Her background includes many years of clinical experience in a variety of settings. It could be said that, combined with an ideal curriculum which will be determined by looking at this and similar projects, the person selected should be imbued with a pioneering spirit and a tolerance for adventure and the unexpected, because the job is not routine.

You asked about a telecommunication system between Ms. Nicholson and the physicians. The project does not presently have such a set-up, although efforts are being made to provide a two-way radio system in the ambulance which she regularly accompanies on runs.

the impact of the SOS Health Center on the community. The evaluation which is to be completed early in January will enable CHP to assist other communities which are contemplating similar programs in their areas.

Much interesting material was gathered which attests to the community's enthusiasm for the project. Statements such as, 'We couldn't do with-

out it' and 'It would be a sad day if we were to lose her' were heard time and again during interviews with area residents. An unusual display of support is provided by one couple who take out insurance every time they travel, naming the Center as the beneficiary.

SUGGESTION BOX:

PAGE THIRTEEN

I am a resident of a small town (pop. 672) with no physician and no medical facilities. We are 43 miles from the nearest doctor and 68 miles from the nearest hospital. I am sure that we are only one of many communities in Montana which suffer from a lack of good health care.

I was talking with a friend the other day and we had an idea about a possible solution to this problem. We have two nurses in our town who are housewives and have not worked for several years. They are not interested in working full-time but might agree to be 'on call' if they had some support. This might include a small 'retainer' (\$1,000 a year?), some equipment (stethoscope, blood pressure equipment, etc.), and maybe some courses or other education to up-date their training. It would sure help if we could feel free to look to them for help and even to have them discuss with the doctor our symptoms. I know I can't take a trip 43 miles everytime one of my children has an accident on his sled or jamaes a finger playing ball, but it bothers me that I might cause permanent injury by not taking one of these trips.

Our town can't even support a full-time doctor or nurse, but I think if someone helped us to get started, that our community and others like us would pay for a 'community health representative' like this nurse would be.

I'd like to hear comments from others who think this is a good idea and might want to work on it.

* Mary Jane Crigler, our Health Manpower Planner, would be most interested in hearing from interested citizens. You can contact her at our CHP office.

Another suggestion: Often people who are not ambulatory are victims in house and apartment building fires. These people might include invalids, elderly, handicapped or persons recuperating from a recent illness. Local firemen might well be aided by a signal to evacuate them first. This could be accomplished by providing to anyone wishing them and to persons leaving hospitals, a 3½" sticker which can be easily removed upon recovery – in order that the sticker might be placed upon the front entrance, front window or some other conspicuous place. Firemen then would have been warned that their first duty must be to remove the person from the premises. The sticker should be printed in a bright color, probably orange and say merely, 'EMERGENCY EVACULATION REQUIRED.'

Study Prepared



Shirley Isgar discusses her summer's work with Dr. Roy Huffman, Associate Professor in Research Administration at Montana State University in Bozeman. Miss Isgar, one of 15 WICHE students in Montana this summer, worked in a program sponsored by CHP. The 23-year old Durango, Colorado medical student at the University of Colorado Medical School in Denver, studied the relationship between CHP and three main provider groups in Montana – The Montana Hospital Association, The Montana Medical Association and The Montana Nursing Association. Miss Isgar conducted a series of interviews over a 12 week period. The results of her study have now been published under the title 'Health Organization Relationships in Montana.' Copies of Miss Isgar's candid study are available by writing CHP in Helena.

South West Report:

by Jim Foley, Executive Director, Southwestern Areawide Health Planning Council

The SWAHPC continued its 'Action Oriented' philosophy during the last month.

We held a Head, Neck and Oral Cancer project in Butte. The continuing education cancer review session was attended by sixty local doctors and dentists, in spite of temperatures of -25 the day of the clinic. Some 330 local residents participated in the screening, with approximately 25 referred to their own doctor for additional tests.

Helena doctors and dentists selected members of their organization to meet with hospital administrators and plan a Head, Neck and Oral Cancer screening for the Capitol City. The advisory committee selected late January for the program.

Currently we're developing a Comprehensive Health Plan for the 12 county area served by SWAHPC. Staff members are organizing health planning councils in each of the 12 counties to identify all health resources in the counties and all health needs or problems. After a CHP plan is developed for each county the SWAHPC will develop long range goals for the entire area. Needs of local communities hopefully will be taken care of immediately through the help of Mountain States Regional Medical Program and Intermountain Regional Medical Program who have resources to solve many of these problems.



"We Need a SUPER PLANNER!"

George Fenner, Director of the Division of Hospital and Medical Facilities for the Department of Health and Environmental Sciences, told a meeting of state small-hospital administrators in Lewistown, how small facilities could cope with the expanded role of government.

Fenner told the gathering, "It would be nice if I could provide you with a method by which you could confront the system with all its tangled relationships at various levels of government and their rules and regulations. We need a SUPER ADMINISTRATOR, like Superman, who is able to leap over tall bureaucrats at a single bound and thread through red tape at breakneck speed, plow under problems at a single pass and cultivate change at a mind boggling pace."

He said the Medicare program had more impact on total health care delivery systems, "and was the most oversold government program to come down the pike." He added, "industry enrolled at breathtaking speed to grab federal dollars — taking little or no time to read and assimilate the fine print in the agreements they signed."

Fenner told the group "Facility administrators accepted the State Department of Health survey — black hat and all — as a necessary evil to get that Medicare dollar. After all,"

he continued, "it only involved part of a day and the necessity of answering a deficiency letter — correction wasn't necessary because the inspector wouldn't be back for another year or so."

In 1967 and 68, he told the group, "the federal government began pressuring state agencies to shape up — things began to change with stricter interpretation of standards. Written policies and procedures became more evident and the term 'paper compliance' was born."

Fenner referred to the 'terrible 70's' — five years had passed and in numerous instances, many of you sitting in this room did little or nothing to correct deficiencies and I further submit that some of you still have the same deficiencies you had in 1965. In fact, the only positive thing you did was rally together to resist the system."

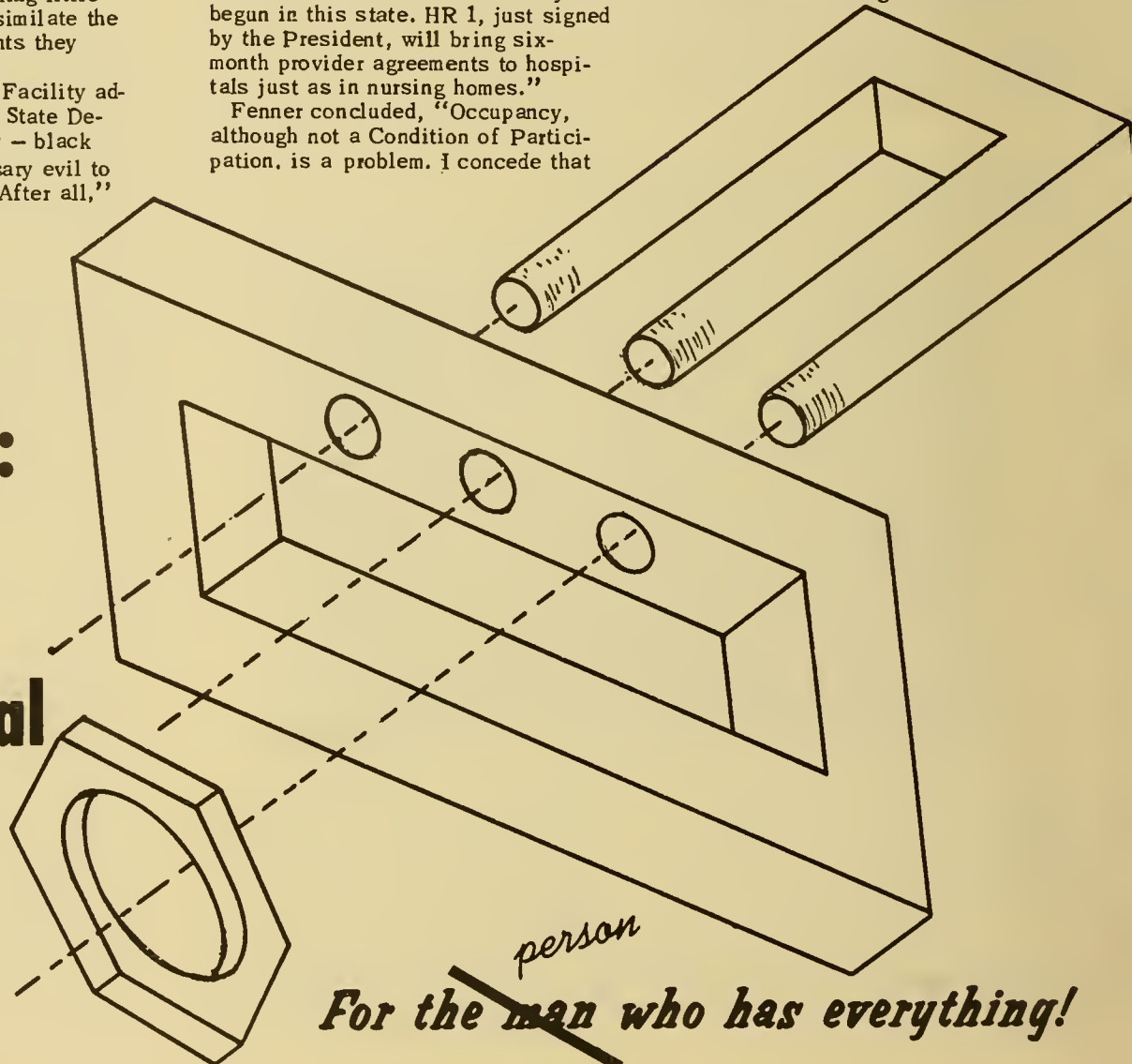
The director said facilities must now furnish detailed plans of correction in answer to deficiency letters. "Some terminations have actually begun in this state. HR 1, just signed by the President, will bring six-month provider agreements to hospitals just as in nursing homes."

Fenner concluded, "Occupancy, although not a Condition of Participation, is a problem. I concede that

possibly we may now have too many small hospitals built with Federal funds. Some of these are destined to close in the future but not because of Medicare standards — because I believe you will meet the compliance issues. In my opinion, they will close because of physician attrition and inability to recruit replacements in the Montana rural setting with its extreme weather conditions, plus the Hill-Burton free care requirements which will be imposed on many of these facilities in the near future. Comprehensive health planning on a state-wide basis and implementation of a system which will provide quality care in a safe environment to all of our citizens is in my eyes most important now. In closing, I submit that the piece-meal planning and short-range thinking and over-concern about existing regulations that many of us are involved in really threaten to jeopardize the potential of the health care system to meet the challenge it faces and if we don't get with it the federal government will."

Health Delivery Systems:

A new conceptual model



For the man who has everything!